

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

REQUEST FOR PROPOSALS (RFP)

for

Mini-grants for ASIST and AMSR Trainings

Issued: June 4, 2010

APPLICATION DEADLINE

Mailed or hand delivered applications: July 2, 2010—5:00 p.m.

Emailed applications: July 5, 2010—5:00 p.m.

NB: Any changes/corrections made to this document after June 4, 2010 are in **RED.**

Last update: 6/21/10

Technical assistance call: June 17, 2–3 p.m. Contact Cheryl Rockefeller at 517-335-951**8** or RockefellerC@Michigan.gov to register.

Injury & Violence Prevention Section
Division of Chronic Disease and Injury Control
Michigan Department of Community Health
P.O. Box 30195
Lansing, MI 48909

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INTRODUCTION AND GENERAL INFORMATION

INTRODUCTION

The Michigan Department of Community Health (MDCH) announces the availability of Fiscal Year 2010 funds for grants to support local Applied Suicide Intervention Skills Training (ASIST) workshops or Assessing and Managing Suicide Risk (AMSR) trainings. This grants program is intended to support communities and Tribes that have not been able to previously offer either or both of these trainings in implementing well-thought-out and coordinated presentations of known best practice training programs for suicide prevention.

More information on the ASIST program is available at <http://www.livingworks.net/AS.php>. A list of Michigan ASIST trainers is included in Attachment B^a.

More information on the AMSR program is available at <http://www.sprc.org/traininginstitute/amsr/clincomp.asp>. A list of AMSR trainers authorized in Michigan is available on that site.

This Request for Proposals (RFP) addresses one of the key objectives set forth in the *Suicide Prevention Plan for Michigan*^b, released in September 2005.

This RFP is to provide potential contractors with sufficient information to enable them to prepare and submit proposals for consideration by the State of Michigan to satisfy its need for health promotion inquiry and intervention. It is issued by the Injury and Violence Prevention (IVP) Section, Division of Chronic Disease and Injury Control, Michigan Department of Community Health.

EXPECTATIONS OF APPLICANTS

It is expected that successful applicants will implement one or more ASIST or AMSR trainings that will take place sometime between September 1 and September 30, 2010.

HOW MUCH MONEY IS AVAILABLE?

Approximately \$80,000 is available in Fiscal Year 2010 to support at least 16 community-based trainings. The maximum award will be \$5,000 per training, with an expected range of \$2,500 to \$5,000 per training. Applicants can apply for funding for up to four trainings.

FEDERAL FUNDING LIMITATIONS/RESTRICTIONS

Youth Suicide Prevention Program grant funds must be used for purposes supported by the

^a This list is not comprehensive. If you are an ASIST trainer and would like to be added to this list, send an email to Pat Smith at smithpatk@michigan.gov

^b The *Suicide Prevention Plan for Michigan* is available at:
http://www.Michigan.gov/documents/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf

program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- Pay for or refer for abortion.
- Pay a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

ELIGIBLE APPLICANTS

Eligible applicants are local community mental health agencies; non-profit community-based organizations; federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations; hospitals; universities; colleges and community colleges; and churches or other religious community organizations; local or county government agencies, ~~except~~ **except** for local health departments; local school systems or Intermediate School Districts.

Applicants do not have to be located in the county or counties where they are proposing to do the training(s). However, it must be clear in the application that they have partners within the county committed to the effort and have a substantive role in planning and/or implementing the training program.

KEY DATES

Release Date: June 4, 2010

Proposal Submission Receipt Date—**please note that there are different deadlines depending on the method chosen to deliver the application:**

- Applications submitted via US mail, overnight delivery service, or hand delivery are due no later than **July 2, 2010—5:00 p.m.**
- Applications submitted via email are due no later than **July 5, 2010—5:00 p.m.**

Review Date: July 6, 2010

Earliest Anticipated Start Date: August 9, 2010

♦ ALL TRAININGS MUST TAKE PLACE BETWEEN SEPTEMBER 1 AND SEPTEMBER 30, 2010.

♦ Because of the short timeframe available in which to process contracts, for organizations receiving awards someone must be available in the afternoon on July 6 or the morning of July 7 to discuss and resolve any issues concerning the program plan and/or budget. Additionally, someone must be available to sign the contract for the organization by July 9. The signed copies must then be returned via overnight delivery so they are received by the MDCH IVP Section no later than July 12, 2010.

SPECIFIC OBJECTIVES OF THE AWARDS

These grants will help support the implementation at the community level of two training programs, ASIST and AMSR, in counties or Tribes where suicide prevention gatekeeper or professional trainings have not been offered previously.

GENERAL REVIEW CRITERIA

Applications will be evaluated for their technical merit and responsiveness to this RFP. Efforts will be made to achieve broad geographic distribution of the funded proposals. Final funding decisions will be made by the IVP Section based on: reviewer rating, geographic balance of proposed projects, the needs of the MDCH Suicide Prevention Program, and the availability of funds.

Conciseness and clarity of expression will contribute to a favorable review of the proposal, as will adherence to the format presented in the Application Content section of this RFP.

ADMINISTRATIVE GUIDELINES

1. Type of Contract

The contract will be a cost reimbursement contract. The contract agreed upon will be most advantageous to the Michigan Department of Community Health (MDCH), cost and other factors considered.

2. Rejection of Proposals

MDCH reserves the right to award portions of proposals or reject any and all proposals received as a result of this RFP.

3. Incurring Costs

MDCH is not liable for any costs incurred by the grantee or its fiduciary prior to issuance of a contract fully signed by all necessary parties.

4. Contractor Responsibilities

The applicant whose proposal has been selected for funding (the grantee) will be required to assume responsibility for all services offered in its proposal, whether or not the applicant is the agency performing those services. Further, MDCH will consider the selected applicant to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. All subcontracts entered into by the applicant, subsequent to the contract award, must be approved by MDCH before they can be put into effect.

5. Project Control and Reports

The grantee will carry out the project activities in consultation with, and approval of, the IVP Section, Division of Chronic Disease and Injury Control, Michigan Department of Community Health. A Project Officer from the IVP Section will be the sole point of contact for MDCH.

The grantee's Project Director and the MDCH Project Officer will confer regularly, at a mutually agreed upon interval, for the purpose of reviewing progress and providing necessary guidance to the grantee in solving problems that arise. Documentation of the content of the meetings will be prepared by the grantee.

The MDCH Project Officer will schedule a negotiation session on July 6 or 7, 2010 with a representative of the applicant agency receiving the award to address any concerns expressed by the reviewers and to work out final details of the budget and work plan. Within one working day of the negotiation session, the grantee will submit to the MDCH Project Officer for final approval a work plan that includes, if necessary, a revised budget.

The grantee will submit a progress report to the MDCH Project Officer within 15 days after completion of the final training funded by the grant, using the format provided by the Project Officer.

6. Contract Payment Schedule

Financial Status Reports, which reflect actual program expenditures, shall be prepared and submitted to MDCH on a monthly basis for payment.

SUBMISSION AND DEADLINES

- Applications submitted via US mail, overnight delivery service, or hand delivery are due no later than Friday, July 2, 2010 at 5:00 p.m.
- Applications submitted via email are due no later than July 5, 2010 at 5:00 p.m.^c

^c Please note that there will be no one available to answer questions about the application between 5:00 p.m. on July 2 and 5:00 p.m. on July 5.

Mail or deliver an original and one copy of the proposal following the instructions below.

Applications can also be emailed. If the application is submitted via email, all documents MUST be in .pdf format.

Your application must be received by the applicable application deadline, or you must have proof of its timely submission.

- For applications submitted via an overnight delivery service (e.g., DHL, Federal Express [FedEx], or United Parcel Service [UPS]), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.
- For applications submitted via the United States Postal Service [USPS] Overnight Express Service proof of timely submission shall be a postmark not later than 24 hours prior to the application deadline, and the following upon request by MDCH:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - a receipt from the Post Office containing the post office name, location, and date and time of mailing.
- For applications submitted via the United States Postal Service [USPS] by other than overnight Express Service, proof of timely submission shall be a postmark not later than four days prior to the application deadline, and the following upon request by MDCH:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - a receipt from the Post Office containing the post office name, location, and date and time of mailing.
- For applications submitted via email, proof of timely submission shall be the delivery date and time recorded on the email.

Faxed applications will NOT be accepted.

If the application package is being submitted via the United State Postal Service (excluding Overnight Express Service), the following address should be used:

Patricia K. Smith, M.S.
Injury & Violence Prevention Section
Michigan Department of Community Health
P.O. Box 30195
Lansing, MI 48909

If the application is being submitted via an overnight delivery service (e.g., UPS, FedEx, DHL, USPS Overnight Express) or being delivered in person, the following address should be used:

Patricia K. Smith, M.S.
Injury & Violence Prevention Section
Michigan Department of Community Health
8th Floor
109 W. Michigan Ave
Lansing, MI 48913

If the application is being submitted via email, it should be sent to:

SmithPatK@Michigan.gov

Applications shall be considered as meeting the deadline if they are received by the IVP Section on or before the applicable deadline time and date.

Applications that do not meet the criteria above will be considered late. LATE APPLICATIONS WILL NOT BE CONSIDERED IN THE CURRENT COMPETITION AND WILL BE RETURNED TO THE APPLICANT.

Upon receipt, applications will be evaluated for completeness and responsiveness to this RFP. Incomplete and non-responsive applications will not be reviewed.

Receipt of applications will be acknowledged via email.

WHERE TO OBTAIN ADDITIONAL INFORMATION

A complete program description and information on application procedures are contained in this application package. One technical assistance conference call will be held on June 17, 2010 at 2:00 p.m. Pre-registration for the call is required. You can register and receive call in information by sending an email to RockefellerC@michigan.gov.

Additional assistance or information may be obtained from Patricia Smith. She can be reached by phone at 517/335-9703 or email at SmithPatK@Michigan.gov (Secretary's telephone: 517/335-9518). Answers to significant questions that have been asked will be posted after June 8 and updated regularly on the IVP Section website at: www.Michigan.gov/injuryprevention. The RFP will also be available through that website. **Any corrections or changes to this RFP will also be posted on the website. Please check it regularly.**

PROPOSAL REQUIREMENTS

Applications that do not meet the following requirements will not be reviewed.

Proposals for community-based training programs must:

1. Be limited to providing the ASIST and/or AMSR trainings in counties or Tribes where suicide prevention gatekeeper or professional trainings have not previously been held.
2. Clearly identify and describe the population(s) that will be the focus for the proposed training(s).
3. Demonstrate the applicant's or a community partner's access to the focus population(s).
4. Demonstrate the applicant's or a community partner's experience in planning, delivering, and managing community-based programs.
5. Describe programming that is provided in a location that is adequate, accessible, compliant with ADA, and amenable to the focus population(s).
6. Demonstrate the applicant's commitment to participate in specified evaluation activities.
7. If youth under age 18 years will be participating in the training(s), describe in detail how prior written, informed voluntary consent for participation will be obtained from the youth's parent or legal guardian.
8. Explain how the proposed effort will accomplish the goals of this announcement by September 30, 2010.

APPLICATION CONTENT

Format:

Each application must

- be typewritten in black ink on 8.5" x 11" paper in a font no smaller than 12 points (e.g., this RFP is in 12 pt Times Roman font). 11 point font can be used in charts, tables, graphs and footnotes.
- be double-spaced
- have the pages, including those in the appendices, numbered consecutively starting with the cover page.
- contain a Program Narrative (Sections C–H, below) that is no more than 11 pages in length.

- be set up with at least 1" margins (page numbers can be placed within the margin)
- be printed on one side only
- if paper copies are provided for review, be unbound (the original must be held together only with rubber bands or binder clips. The copy can be held together with rubber bands, binder clips, or a staple in the upper left hand corner)

Please organize your proposal using the forms and section headings described below. The Program Narrative (sections C–H) may be no longer than 11 pages total.

The proposal should include the following information:

A. Cover Sheet and Proposal Completion Checklist:

The **Application Cover Sheet** (in *Attachment A*) must be attached to the *front* of your application. The following elements must be filled in on this cover page:

1. Descriptive title of the program.
2. Total amount of funding requested for the program for this budget period (cannot exceed \$20,000).
3. Name of the organization applying for the grant.
4. Name and contact information for the person who is able to answer questions about the application.
5. Name and phone number of the person to be contacted in the case of an award (if different than the person named in #5).
6. Typed or printed name of the director or authorized proxy for the applicant organization/agency and their signature.
7. Availability of appropriate persons to discuss the workplan and sign the contract on the specified dates
8. An email address to which acknowledgement of receipt of the application can be sent.

The **Proposal Completion Checklist** must be filled in and inserted behind the Application Cover Sheet.

B. Proposal Summary:

This **half-page** summary of the proposed program should briefly outline the program's goals and objectives, the focus population(s), the proposed partners and collaborators, the proposed

activities, and the desired outcomes. *CONCISE WORDING RATHER THAN SMALLER TYPE, SINGLE SPACING, OR SMALLER MARGINS MUST BE USED TO GET THE SUMMARY ON HALF A PAGE.*

C. Background and Need: (maximum length—1.5 pages) [10 points]

In this section, the applicant must:

1. Describe, to the extent possible, the pattern of suicide mortality and morbidity within the geographic area or Tribe to be served, including that of youths ages 10–24. Also briefly describe identified risk factors for suicide in the area to be served.
2. Describe the geographic area to be served and justify the selection, including confirmation that training of the type that funding is being requested for has not been offered previously in the county or for tribal members or personnel.
3. Describe the group(s) to be focused on for the proposed trainings. Justify your selection(s). Provide estimates of the numbers individuals to be trained.
4. Describe in particular how individuals who have contact or work with young people ages 10–24 will be recruited for the training(s).
5. Describe exactly why the training program is needed, given the focus population(s) and geographic area(s) selected.

D. Community Access and Collaboration (maximum length—1 page) [10 points]

In this section, the applicant must:

1. Provide evidence that it or a community partner has access to the focus population(s) for the proposed activities. Details on how the group(s) will be accessed and recruited for the activities *must* also be provided.
2. Provide evidence that it or a community partner has expertise and experience in the management and delivery of programming at the community level.
3. Provide details of all community partnerships as related to this project. Describe the roles and responsibilities of participating organizations and demonstrate their commitment to the project.
4. Include in an appendix letters of commitment from all community partners and any other agencies or organizations that will have significant involvement with the trainings. **THESE LETTERS ARE VERY IMPORTANT TO THE APPLICATION.** THEY MUST PRECISELY STATE THE NATURE OF PROPOSED COLLABORATIONS WITH THE APPLICANT ORGANIZATION AND THE PRODUCTS, SERVICES, AND OTHER ACTIVITIES THAT WILL BE PROVIDED BY AND TO THE APPLICANT THROUGH THE COLLABORATION ON THE PROPOSED PROJECT. Be sure that any cash or in-kind contributions that will be made to support the project are identified in the letters.

E. Goals and Objectives (maximum length—1 page) [10 points]

This section should clearly state the purpose and goal(s) of the community-based training project, and describe how their achievement will advance the existing local suicide prevention effort.

This section should also contain *specific* p objectives^d related to the goal(s). **ALL OBJECTIVES MUST BE WRITTEN SO THAT THEY ARE MEASURABLE, ACHIEVABLE, AND TAKE PLACE WITHIN A SPECIFIED TIME PERIOD.** It should be clear to which goal(s) the individual objectives relate.

F. Plan of Operation (maximum length—6 pages) [25 points]

1. Provide a detailed description of the **specific activities** that are needed to achieve *each* of the program objectives. This description must include not only **what** will be done, but also **how** it will be done. For each activity, describe **who** will do **what** to implement the activity. Also describe how the proposed activities will produce the desired outcomes. If you prefer, this information can be provided as a table.
2. Provide a realistic, detailed timeline (chart or graph) of the project showing key activities, milestones, and responsible staff. This timeline must be part of the narrative. It should not be placed in an appendix.
3. Discuss how the proposed activities address the needs identified in Section C (Background and Need) of your narrative.
4. Describe the setting for the training(s). The application also needs to describe the relevance of this setting to the focus population and outcomes, i.e., why was this particular setting chosen?
5. Describe how you will ensure that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the focus population(s).
6. If any youth under the age of 18 will participate in the training(s), describe how active parental consent will be obtained

^d *Process objectives* measure the amount and quality of the activities or services undertaken to achieve the outcome objectives, such as hiring project staff or enrolling a specified number of individuals into the program. SAMPLE PROCESS OBJECTIVE WORDING: "Program staff will complete the registration process for the training by September 15."

Outcome objectives measure the success of the activities related to the goals of the program, such as increasing the knowledge about suicide warning signs among high school age youth. SAMPLE OUTCOME OBJECTIVE WORDING: "After participating in Program XYZ, seventy-five percent of program participants will increase their knowledge of the warning signs of suicide by 50%."

7. Describe the potential barriers to successful conduct of the proposed activities and how you will overcome them.
8. Identify and describe any foreseeable risks or potential adverse effects to individuals that might result from participation in training activities.
9. Describe the procedures that will be followed to minimize or protect participants against potential risks.
10. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

Applicants are encouraged to utilize existing programs, delivery systems, and personnel to support their project in order to maximize the cost effectiveness.

G. Project Evaluation (maximum page length—0.5 page) [5 points]

In the section the applicant must state their commitment to:

- using and submitting the standardized training evaluation tools used by the ASIST and AMSR programs (as appropriate);
- using and submitting the standardized training evaluation tools used by the *Transforming Youth Suicide Prevention in Michigan* program;
- participating in the training evaluation program being conducted as part of the *Transforming Youth Suicide Prevention in Michigan* program.

H. Project Management and Staffing (maximum page length—1 page) [10 Points]

In this section the applicant must:

1. List the proposed staffing for the project—paid and voluntary—noting existing staff as well as additional staffing needs. A Project Director/Coordinator must be designated and it must be clear that this person has sufficient authority, responsibility, expertise, and dedicated work time to carry out the project.
2. Describe by staff position the responsibilities of individual staff members, including the level of effort and allocation of time for each project activity. The time that the personnel are budgeted for on the project must be sufficient and in proportion to the stated activities. Also describe where each staff member will be housed and supervised.
3. Describe the qualifications and experience of the Project Director and other key personnel.
4. Describe the qualifications, roles, and responsibilities of any subcontractors that will participate. Include letters of commitment from the proposed subcontractors

5. Indicate the types of quality control mechanisms available to ensure smooth oversight, management, and day-to-day operations of this project.

I. Proposed Budget

This section of the proposal *must* contain a **detailed narrative justification** for budget components. Additionally, a detailed project budget must be prepared using the forms and closely following the instructions provided in *Attachment C*. Although there are no points given for the budget, POINTS WILL BE LOST IN THE REVIEW IF THE BUDGET NARRATIVE IS NOT INCLUDED. Additionally, the appropriateness of the budget will be evaluated given the proposed activities, the extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, weighted more toward project activities (including direct project administration) than indirect costs, and consistent with the intended use of Youth Suicide Prevention and Early Intervention Grant funds.

Salaries, benefits, and reasonable administrative costs are eligible for reimbursement.

Note that the funding provided through this RFP is likely not enough to fully fund a training. Other support, such as in-kind and/or registration fees, will be needed to make up the difference. Requiring at least a minimum registration fee also increases participants' commitment to attend the training. Anticipated registration fees should be included on the budget forms under "Program Income." Other supplemental support, including in-kind, should be discussed in the budget narrative, but not included on the budget forms.

Requirements for the proposed budget:

1. The budget items must coincide with the stated proposal objectives and delineated activities.
2. The budget must clearly state for what purpose(s) each budgeted item is requested.
3. Proposals reflecting a budget that places substantial emphasis on implementation (including direct staffing costs) with less weight placed on administrative overhead and/or indirect costs will be viewed favorably.
4. Proposals that include budget expenses that exceed the maximum award under this RFP will not be viewed favorably unless the budget shows a source of other funding to cover the additional expenses.
5. **Only organizations with federally negotiated indirect rates or indirect rates negotiated with MDCH can request indirect costs.** *Documentation of the approved indirect rate must be provided with the application.*
6. Include information on any local match and/or in-kind contributions **in the budget narrative only**. Do not include these funds on the budget forms. A table or chart showing what is covered by this grant versus what is covered by the match would be helpful.

PROPOSAL EVALUATION CRITERIA

Applications will be reviewed and rated according to the following criteria (maximum 70 points total). Points will be subtracted from the final score if the technical instructions (e.g., page formatting, font size, etc.) are not followed.

◆ **Background and Need: (10 points)**

The extent to which:

- suicide-related morbidity and mortality are a problem in the selected program area or Tribe
- the applicant describes and justifies the geographic area to be served
- the applicant describes and justifies the focus group(s) to be recruited for the training(s), including persons who work with youth ages 10–24.
- the applicant justifies the need for the program, including the fact that gatekeeper or professional training has not previously been available.

◆ **Community Access and Collaboration: (10 points)**

- The extent to which the applicant or a community partner has access to the focus population(s).
- The extent to which the applicant or a community partner has experience in the management and delivery of programming at the community level.
- The appropriateness of the proposed partnerships, given the proposed activities.
- The quality and completeness of the letters of commitment.

◆ **Goals and Objectives: (10 points)**

The extent to which:

- the applicant's goal or goals are clearly articulated.
- the objectives are time-phased, specific, measurable, and achievable by September 30, 2010.
- the objectives relate to the overall goal(s) of the program.
- the applicant included sufficient and appropriate process *and* outcome objectives.

◆ **Plan of Operation: (25 points)**

The quality, specificity, and clarity of

- the description by the applicant of the *what* and *how* of program activities, who will carry out the activities, and how the program will produce the desired outcomes. The extent to

which mechanisms for ensuring participants' access to all relevant program components is described. The extent to which the proposed activities address the identified needs.

- the timeline.

The extent to which

- the proposed activities address the needs identified in Section C
 - the applicant provides evidence that services will be provided in locations that are adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the focus population(s).
 - The extent to which the applicant describes potential barriers to program implementation and proposes to manage them.
 - the applicant describes how parental consent if youth under the age of 18 will be involved in the training(s). [if applicable]
- Based on information provided in this section, how realistic are the applicant's chances of achieving the stated program objectives? To what extent is the proposed program realistic and how well does it meet the intended purposes of the funding?

◆ **Evaluation: (5 points)**

- The applicant explicitly states its willingness to use and submit the standardized training evaluation tools used by the the ASIST and AMSR programs, as well as the *Transforming Youth Suicide Prevention in Michigan* program, and participate in the TYSP-Mi training evaluation. The applicant also commits to participating in the TYSP-Mi training evaluation program.

◆ **Project Management and Staffing: (10 points)**

- Has a Project Director or Coordinator with sufficient authority, responsibility, expertise, and dedicated work time been designated?
- Is the staff time, both paid and volunteer, sufficient and in proportion to the stated activities?
- Are staff qualifications and experience appropriate and sufficient?
- Are qualifications, roles, and responsibilities for any subcontractors adequately described? Are letters of commitment included for them?
- The extent to which the applicant describes how smooth program oversight, management, and day-to-day operations will be maintained.

ATTACHMENT A

Coversheet & Checklist

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INJURY & VIOLENCE PREVENTION SECTION

**SUICIDE PREVENTION TRAINING
MINI-GRANTS**

APPLICATION COVER SHEET

LEAVE BLANK—FOR MDCH USE ONLY

Date Received:

1°:

2°:

Reader:

1. TITLE OF PROGRAM:

2. TOTAL AMOUNT OF FUNDING REQUESTED:

3. NAME OF APPLICANT ORGANIZATION:

ADDRESS:

4. NAME OF CONTACT PERSON (must be able to answer questions about the application):

TITLE:

PHONE NUMBER:

ADDRESS:

EMAIL:

FAX:

6. NAME OF PERSON TO BE NOTIFIED IF AWARD IS MADE (if different than #5):

TITLE:

PHONE NUMBER:

ADDRESS:

EMAIL:

FAX:

7.

Typed or printed name of official signing for applicant organization

Signature

Date

8. If your organization receives an award, will someone be available in the afternoon on July 6 or morning of July 7 to discuss the workplan and budget?

☐ Yes ☐ No

Who? Name:

Email:

Ph:

9. If your organization receives an award, will someone be available between July 7 and July 9 to sign the contract and assure that it is returned via an overnight delivery service? ☐ Yes ☐ No

10. Email to which the confirmation of receipt of the application should be sent:

PROPOSAL COMPLETION CHECKLIST
(fill out and place in proposal behind cover page)

- ☐ The appropriate signature is included on the cover sheet

The proposal

- ☐ Is typewritten on 8.5" x 11" paper in a font no smaller than 12 points
 - ☐ Is double-spaced
 - ☐ Is no longer than 10 pages, excluding cover page, checklist, budget forms and justification narrative, and appendices
 - ☐ Has all pages numbered consecutively, starting with the cover page
 - ☐ Is set up with at least 1" margins
 - ☐ Is printed on only one side of the paper
 - ☐ Has been proofread and spell-checked
- ☐ All required lines are filled out on the cover sheet
- ☐ The appropriate budget forms have been filled out and included at the end of the narrative
- ☐ A detailed budget justification narrative is included in the budget section
- ☐ If indirect has been requested, appropriate documentation of indirect cost rate is included
- ☐ All necessary letters of commitment are included

If application is to be mailed:

- ☐ One original and one copy are enclosed
- ☐ The original document is held together only with rubber bands or binder clips
- ☐ The copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner

If application is to be emailed:

- ☐ All documents have been converted to .pdf format.

Signature of person completing the checklist

ATTACHMENT B

Michigan ASIST Trainers

ASIST Trainers**

This is not a comprehensive list. Any trainers certified by Livingworks to conduct ASIST training can be used.

**If you are an ASIST trainer and would like to be added to this list please email Pat Smith at smithpatk@michigan.gov.

Michael Cummings
Email: cummings4451@hotmail.com

George Drozd
Email: DrDrozd@hotmail.com
Ph: 989-772-2567

Guy Golomb
Email: ggolomb@gryphon.org
Ph: 269-381-1510

Julieanne Muir
Email: muir@aaps.k12.mi.us

Tyanne Renaud
Email: trenaud@essmichigan.org
Ph: 248-706-2932 or 269-267-2453 (cell)

Cheryl Ross
Office Number: 248-451-2614
Email: cross@commongroundhelps.org

Barb Smith
Email: SOSBARB@aol.com

Kevin Wing
Email: wingk@starr.org

Anne Kramer
Email: ack@umich.edu
Ph: 734-764-7179

Mike Mitchell
Email: mmitchell@nso-mi.org

Donald Davis
Email: dln.training@yahoo.com
Ph: 248-320-1941

Shawn Force
Office number: 248-451-2611
Cell Number: 586-530-7862
Email: sforce@commongroundhelps.org

Pamela Lloyd-Gorski
Email: pamlg@i2k.com
Ph: 989-354-9104

Michael Murphy
Email: mbmurphy-aa@excite.com
Ph: 734-665-1220

Michelle Rose-Armstrong
Email: rosem@ewashtenaw.org
Ph: 734-544-2911 or 734-368-1114 (cell)

Mary Schalk
Email: maryschalk@verizon.net

Dawn Stewart
Email: Stewartd@starr.org

Judi Rosen-Davis
Email: rosendavis@yahoo.com
Ph: 248-568-8474

Larry and Vanessa Lewis
Email: spanmich@comcast.net
Ph: 734-782-1641

ATTACHMENT C

Budget Forms and Instructions

PROGRAM BUDGET SUMMARY

View at 100% or Larger
Use WHOLE DOLLARS Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM			DATE PREPARED	Page	Of
CONTRACTOR NAME			BUDGET PERIOD From: To:		
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ►	AMENDMENT #	
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
EXPENDITURE CATEGORY					TOTAL BUDGET
1. SALARIES & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)					
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES					

SOURCE OF FUNDS

11. FEES & COLLECTIONS					
12. STATE AGREEMENT					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING					
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding			The Department of Community Health is an equal opportunity employer, services and programs provider.		

PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use WHOLE DOLLARS Only

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARIES & WAGES:				
2. FRINGE BENEFITS (Specify) <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP. AMOUNT % <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				
2. TOTAL FRINGE BENEFITS:				\$
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
3 TOTAL TRAVEL:				\$
4. SUPPLIES & MATERIALS (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)				
4. TOTAL SUPPLIES & MATERIALS:				\$
5. CONTRACTUAL (SPECIFY SUBCONTRACTS/SUBRECIPIENTS)				
<u>Name</u> <u>Address</u> <u>Amount</u> 5. TOTAL CONTRACTUAL:				\$
6. EQUIPMENT (SPECIFY ITEMS)				
6. TOTAL EQUIPMENT:				\$
7. OTHER EXPENSES (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)				
7. TOTAL OTHER:				\$
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$
9. INDIRECT COST CALCULATIONS		RATE #1: BASE \$ X RATE % TOTAL RATE #2: BASE \$ X RATE % TOTAL		\$
9. TOTAL INDIRECT EXPENDITURES:				\$
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding		The Department of Community Health is an equal opportunity employer, services and programs provider.		
DCH-0386 (E) (Rev 05-08) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference.

The DCH-0386 form should be completed prior to completing the DCH-0385 form.

(Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.
- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

- 1. Salary and Wages
- 2. Fringe Benefits
- 3. Travel
- 4. Supplies and Materials
- 5. Contractual (Subcontracts/Subrecipients)

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Costs
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
1. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 2. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 3. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
 4. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.
 5. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
 6. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**
- III. **PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION** Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.
- A. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
 - B. Program - Enter the title of the program.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)

- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.
- P. Equipment - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. . Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. **Department funds may not be used to purchase a building or land.**
 3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 4. Other - **All other items purchased exclusively for the operation** of the program and not previously included, patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures - Enter the sum of items 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

View at 100% or Larger
Use **WHOLE DOLLARS** Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL AMENDMENT ►		AMENDMENT # 1	
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY					(K) TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES		43,000			43,000	
2. FRINGE BENEFITS		11,180			11,180	
3. TRAVEL		1,400			1,400	
4. SUPPLIES & MATERIALS		37,000			37,000	
5. CONTRACTUAL (Subcontracts/Subrecipients)		3,500			3,500	
6. EQUIPMENT		5,000			5,000	
7. OTHER EXPENSES						
		8,000			8,000	
2. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		109,080			109,080	
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES		109,080			109,080	

(J) SOURCE OF FUNDS

11. FEES & COLLECTIONS	10,000			10,000
12. STATE AGREEMENT	90,000			90,000
13. LOCAL	9,080			9,080
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	109,080			109,080

AUTHORITY: P.A. 368 of 1978**COMPLETION:** Is Voluntary, but is required as a condition of funding

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DCH-0385/0386FY08-09 Instructions.doc 04/08 (W)

PROGRAM BUDGET – COST DETAIL SCHEDULE
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use **WHOLE DOLLARS ONLY**

(B) PROGRAM**(C) BUDGET PERIOD****DATE PREPARED**

Budget and Contracts

From:
10/01/xxTo:
9/30/xx

7/01/xx

(E) CONTRACTOR NAME**(F) BUDGET AGREEMENT****AMENDMENT #**

Michigan Agency

☒ ORIGINAL ☐ AMENDMENT**(G)****(H) COMMENTS****(I) POSITIONS
REQUIRED****(J) TOTAL SALARY****1. SALARY & WAGES
POSITION DESCRIPTION**

Nurse	9 month position	1	25,000
Project Director		.5	18,000

(K) 1. TOTAL SALARY & WAGES:

1.5 \$ 43,000

(L) 2. FRINGE BENEFITS (Specify)

<input checked="" type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS.	<input type="checkbox"/> DENTAL INS.	COMPOSITE RATE AMOUNT 26%
<input checked="" type="checkbox"/> UNEMPLOY INS.	<input type="checkbox"/> VISION INS.	<input checked="" type="checkbox"/> WORK COMP.	
<input checked="" type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS.		
<input checked="" type="checkbox"/> HOSPITAL INS.	<input type="checkbox"/> OTHER (specify) _____		

2. TOTAL FRINGE BENEFITS:

\$ 11,180

(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)

CONFERENCE REGISTRATION

\$350

Airfare \$600
Hotel accommodations and per diem for 4 days \$450

3. TOTAL TRAVEL:

\$ 1,400

(N) 4. SUPPLIES & MATERIALS (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)

OFFICE SUPPLIES 2,000
Medical supplies 35,000

4. TOTAL SUPPLIES & MATERIALS:

\$ 37,000

(O) 5. CONTRACTUAL (SPECIFY SUBCONTRACTS/SUBRECIPIENTS)

<u>Subcontractor Name</u>	<u>Address</u>	<u>Amount</u>
ACME EVALUATION SERVICES	555 WALNUT, LANSING, MI 48933	\$ 2,000

SUBRECIPIENT NAME

HEALTH CARE PARTNERS	333 KALAMAZOO, LANSING, MI 48933	\$ 1,500
----------------------	----------------------------------	----------

5. TOTAL CONTRACTUAL:

\$ 3,500

(P) 6. EQUIPMENT (SPECIFY ITEMS)

MICROSCOPE \$5,000

6. TOTAL EQUIPMENT:

\$ 5,000

(Q) 7. OTHER EXPENSES (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)

COMMUNICATION COSTS \$2,400
SPACE COSTS \$3,600
CONSULTANT OR VENDOR: JOHN DOE, EVALUATOR, 100 MAIN, E. LANSING \$2,000

7. TOTAL OTHER:

\$ 8,000

(R) 8. TOTAL DIRECT EXPENDITURES (SUM OF TOTALS 1-7)**8. TOTAL DIRECT EXPENDITURES:**

\$ 109,080

(S) 9. INDIRECT COSTS CALCULATIONS

RATE #1: BASE \$0 X RATE 0.0000 % TOTAL

\$ 0

RATE #2: BASE \$0 X RATE 0.0000 % TOTAL

\$ 0

9. TOTAL INDIRECT EXPENDITURES:

\$ 0

(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)

\$ 109,080

AUTHORITY: P.A. 368 of 1978

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